

**NEW YORK STATE DEPARTMENT OF HEALTH
DIVISION OF NUTRITION**

**For WIC
Use:**

Date Mailed/ Given	Date Rec'd
Appt Date	WIC ID #

WIC MEDICAL REFERRAL FORM FOR WOMEN

Last Name (Print): _____ First Name: _____
 Street: _____ Apt: _____ City: _____ Zip: _____
 Phone: () _____ - _____ Date of Birth: ____/____/____ On WIC Before: Yes No
 Maiden Name: _____ Language(s) Spoken: _____

I authorize _____ (Health Care Provider) to release the information below to the WIC Program, and I authorize the WIC Program to release information about me to this health care provider for the purposes of coordinating my health care. If I need to transfer to another WIC Program, I authorize the release of this information to the transferring WIC Program. All information is considered confidential.
 YOUR SIGNATURE: _____

Health Care Provider: Please complete this section.

PRENATAL OR POSTPARTUM:

Gravida _____ Para _____ Multi Fetal _____
 Pregravid Weight _____ pounds Date: _____
 EDD ____/____/____
 Prenatal Care Began ____/____/____
 Fetal Weight <10th Percentile for Gestational Age

WEIGHT and HEIGHT must be less than 60 days old on the date of the WIC appointment: ____/____/____

Date Taken:
 Current Weight _____ pounds ____/____/____
 Current Height _____ inches ____/____/____

HEMATOLOGY:

Hgb _____ gm/dL **OR** Hct _____ % Date Taken: ____/____/____
 Blood Lead _____ mcg/dL (Optional) ____/____/____

•Bloodwork must be taken during current pregnancy.
 •Bloodwork must be taken after delivery for Breastfeeding/ Postpartum Women.

BREASTFEEDING/POSTPARTUM: Most Recent Pregnancy

Date of Delivery/(Termination, if any) ____/____/____
 Total Weight Gained _____ pounds Weeks Gestation _____
 Current Infant's Birth Weight _____ lb _____ oz **OR** _____ kg

SPECIFIC MEDICAL DIAGNOSIS OR NUTRITIONAL/HEALTH RISKS including ICD-9 code

Signature of Health Care Provider	Provider's Name (Please Print):
	Title:
	Medical Office/Clinic:
	Street:
	City: Zip:
	Phone #: Fax #:
	Date: ____/____/____

Send Completed Form To:

Harmony Healthcare Long Island WIC Program #322

Roosevelt Site 1
 380 Nassau Road
 3rd floor
 Roosevelt, New York 11575
 (516) 546-8001

Elmont Site 2
 161 Hempstead Turnpike
 Lower Level
 Elmont, New York 11003
 (516) 616- 8687

Westbury Site 3
 682 Union Avenue
 Westbury, New York 11590
 (516) 876-0572 or -0571